

# Gardening and Growing for Health



**Sydenham Garden**  
*A growing community*

- a case study























# Personal recovery

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.

Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Anthony WA (1993) Recovery from mental illness: the guiding vision of the mental health service system in the 1990s, *Psychosocial Rehabilitation Journal*, **16**, 11-23.



# 10 core recovery principles<sup>1</sup>

1. **Self-direction:** Consumers determine their own path to recovery.
2. **Individualised and person-centred:** There are multiple pathways to recovery based on individuals' unique strengths, needs, preferences, experiences and cultural backgrounds.
3. **Empowerment:** Consumers can choose among options and participate in all decisions that affect them.
4. **Holistic:** Recovery focuses on people's entire lives, including mind, body, spirit and **community**.
5. **Non-linear:** Recovery isn't a step-by-step process but one based on continual growth, occasional setbacks and learning from experience.
6. **Strengths-based:** Recovery builds on people's strengths.
7. **Peer support:** Mutual support plays an invaluable role in recovery.
8. **Respect:** Acceptance and appreciation by society, communities, systems of care and consumers themselves are crucial to recovery.
9. **Responsibility:** Consumers are responsible for their own self-care and journeys of recovery.
10. **Hope:** Recovery's central, motivating message is a better future — that people can and do overcome obstacles.

1. Substance Abuse and Mental Health Services Administration. *National Consensus Statement on Mental Health Recovery*. Department of Health and Human Services, 2006.

# Context

- High levels of mental health need in Lewisham
- Sydenham Green Group Practice 1.35% N = 199
- Classical medical model response of drug therapy
- New talking therapies



# History

- Art group and courtyard group
- Handful of co-workers
- Integrative approach – volunteers and staff and co-workers in mixed groups
- Local volunteers and Trustees
- Now > 100 co-workers

# Charitable Objects

- a community garden where horticulture is used for therapy and rehabilitation
- conservation activities in a nature reserve
- opportunities for training for work and education;
- opportunities for artistic and creative expression.











“... to see the germination of seeds that one has helped to sow; to try out new things, learn new skills ... with a sense of achievement at the finished result, no matter what it looks like!”





“I knew, suffering from the depression the way I do, I needed structure in my week. Because, to me, structure is very important in managing my manic depression. And I love gardening, I love nature and wildlife, so it was an ideal project to get involved with.”



“I’ve learnt that I actually do mean something to people and that’s something I was never aware of before deep into my illness and depression. I hadn’t thought that I mattered to anybody, but coming here, I do.”





“I mean one of the joys of coming up here is having  
someone to talk to”



“the salad that goes with the barbeque has actually been grown in the garden and picked and prepared by people here, you can’t beat it.....It’s an ‘ownership’ thing.”





“The bit I like is the bit where it’s like the natural meadow, and you almost feel it’s like a little bit of very natural countryside. I like that bit most of all.”





“it’s an inspiration for art”

















“I, you know, do some sort of things like craft things ... I’ve never been a gardener as such, although I would have liked to have been in a way, but ... time has been taken up with other things. So that’s how that happened—initially it was the art and craft, then that of course led to being open to trying them both.”



Sow and Grow co-workers





8 group members believe that the Sow and Grow course has helped them improve their quality of life. The remaining 4 co-workers reported no improvement, reflecting a stable condition.





Mental health promotion and challenging stigma









Music in the meadow





Primary-care based participatory  
rehabilitation:  
users' views of a horticultural and arts  
project

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# Abstract

## Background

Participation in horticulture and arts may improve wellbeing in those with mental and physical illness.

## Aim

To conduct an in-depth exploration of the views and experience of participants of a primary care-based horticultural and participatory arts rehabilitation project (Sydenham Garden).

## Design and setting

Qualitative interview study of a primary-care based horticultural and participatory arts rehabilitation project in South London.

## Method

Semi-structured interviews were conducted with 16 participants (referred to as 'co-workers') of Sydenham Garden. Seven were female. Participants were aged between 38 and 91 years and had a range of severe mental and physical health problems; most had depression. The interviews were analysed using constant comparison and thematic analysis.

## Results

Data were overwhelmingly positive concerning participation. Co workers considered participation in the project to promote wellbeing

by providing purposeful and enjoyable activity and interest, improving mood and self perceptions, and providing an escape from life's pressures.

Being outdoors was considered therapeutic. The most-valued aspect of participation was the social contact derived as a result of it. Many of the co workers who were interviewed developed transferable skills, including nationally recognised qualifications, which they valued highly.

## Conclusion

**Delivery of horticultural therapy and participatory arts is a feasible model for improving wellbeing in patients in primary care who have serious illness. Longer-term studies are needed to address what happens to people after leaving such projects.**

## Keywords

horticultural therapy; mental disorders; participatory arts; primary care; rehabilitation.

e127 British Journal of General Practice, February 2012

# What did we find? – questionnaires

- At 6 months, most data for the CORE-OM (n =26):
  - significant reduction in distress
  - 53% (n = 17) achieved a clinical recovery, i.e. went from clinical to ‘normal’ levels of distress
- Improvements suggested at 6 months in:
  - ability to perform skills necessary for independent living (SFS-independence-competence),
  - engagement in common social activities (SFS-prosocial)
  - reported problems (PSYCHLOPS)



# What have we learnt?

- SG has been successful in engaging people with serious and enduring health problems
- Questionnaire data suggest that SG can produce improvement, especially reducing distress
- Attribution of improvements to participation in SG is difficult; however, interview data support the changes observed

# What have we learnt?

- Sydenham Garden promotes well-being by providing purposeful & enjoyable activity & interest, improving mood & self-perceptions & providing an escape from life's pressures
- Social contact is especially valued
- Long term studies are needed to understand what happens to participants after they leave
- However, many co-workers have developed transferable skills, including nationally recognised qualifications which they value highly





# Growing Lives project

Targets over the next 3 years:

- 30 people report improvements in their mental and or physical health.
- 30 people gain a nationally recognised qualification.
- 40 people report improvements in their opportunities for social interaction.
- 20 people go on to volunteer or work for another organisation.
- 5 people gain a paid position with an organisation.





‘I did not ask for  
success; I asked for  
wonder.’

Abraham Heschel